

fat Broker

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. D/A 89146	FILING DATE			
							APPLICANT(S)				
CLAIMS											
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT							
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/							51			
2		/						52			
3		/						53			
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48								98			
49								99			
50								100			
3						7		TOTAL IND.		TOTAL DEP.	
10								TOTAL CLAIMS			